

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

CLASS NO.

FILING DATE

10/57823

**CLAIMS**

	AS FILED		AFTER BY AMENDMENT		AFTER BY AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL FEE						
TOTAL CLAIMS						

	AS FILED		AFTER BY AMENDMENT		AFTER BY AMENDMENT	
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